GOES DCS PROGRAM APPLICATION AND RENEWAL FORM

Version 1.6, November 10, 1997

*NOTE: This form must be completed before we can begin processing your DCS application. Please contact Kay Metcalf, or Carol Dash, 301-457-5681 phone, 301-568-8649 fax, or E-mail goesdcs@nesdis.noaa.gov, if you have questions or problems completing this form. When completed, you can either fax, send via E-mail or mail to DCS Operations Manager, NOAA/NESDIS E/SP3, Room 3320, FB#4, 5200 Auth Road, Suitland, Maryland, 20743-4304, USA. If you have any concerns about this form, please send your comments to the above address/fax/E-mail. Thank You.

1.   Applicant Information:

       a.   Program administrator (funding agency)

              Name: _____

              Affiliation: _____

              Street Address: _____

              City, State: _____

              Country: _____

              Zip/Country Code: _____

              Phone #: _____

              Fax #: _____

              E-mail address: _____

       b.   Program implementer (e.g., principal investigator, technical
                  representative, etc.):

              Name: _____

              Affiliation: _____

              Street Address: _____

              City, State: _____

              Country: _____

              Zip/Country Code: _____

              Phone #: _____

              Fax #: _____

              E-mail address: _____

c.   Name of person who will sign Memorandum of Agreement or renewal letter
         with NESDIS:

      Name: _____

      Affiliation: _____

      Street Address: _____

      City, State: _____

      Country: _____

      Zip/Country Code: _____

      Phone #: _____

      Fax #:   _____

      E-mail address: _____

d.   Destination (final user) of data collected:

      Name: _____

      Affiliation: _____

      Street Address: _____

      City, State: _____

      Country: _____

      Zip/Country Code: _____

      Phone #: _____

      Fax #:   _____

      E-mail address: _____

e.   Agency contact responsible for installation and/or maintenance of Data
         Collection Platform/equipment:

     Name: _____

     Affiliation: _____

     Street Address: _____

     City, State: _____

     Country: _____

     Zip/Country Code: _____

     Phone #: _____

     Fax #: _____

     E-mail address: _____

f.   Agency contact responsible for operating Data Collection
         Platform/equipment:

     Name: _____

     Affiliation: _____

     Street Address: _____

     City, State: _____

     Country: _____

     Zip/Country Code: _____

     Phone #: _____

     Fax #: _____

     E-mail address: _____

2.   Program Information:

   a.   Check one that applies:

        Operational   [   ]

        Experimental [   ]

        Manufacturer [   ]

   b.   Environmental parameters measured:

   _____

   _____

   _____

   _____

   _____

   _____

   c.   Purpose of data collection (explain thoroughly):

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   d.   Anticipated time frame for data collection:

   Start: _____   End: _____

3.   Platform information:

    a.   Platform types to be used:

        Check all that apply:

        Interrogated (I   [   ]

        Self-timed (S)   [   ]

        Random (R)   [   ]

        Self-timed and Random (S/R [   ]

        Random and Interrogate (R/I [   ]

    b.   Number of Platforms: (Complete as appropriate)

        I: [   ]   S/R: [   ]

        S: [   ]   R/I: [   ]

        R: [   ]

    c.   Total number of Platforms with Emergency Alarm/Random
        Capability: _____

    d.   Anticipated deployment for each platform type:
        (e.g., 20 Interrogate in April 1995, etc.)

        _____

        _____

        _____

        _____

        _____

        _____

        _____

        _____

        _____

        _____

e.   Location of Platform by generic type:
     (If needed attach separate sheet with additional
     information about each platform in the following
          format.)

     Fixed Platform   Fixed Platform
     Latitude/Longitude   Geographic Region

     _____   _____

     _____   _____

     _____   _____

     Mobile operating area (Latitude/longitude of boundaries):

     _____   _____

     _____   _____

     _____   _____

f.   Platform data format:

     Check all that apply:

     ASCII   [   ]
     Pseudo ASCII [   ]

     Bits per sensor message   _____

     Bytes per message (8 bits/byte) _____

g.   Desired platform reporting times:
     Rank in order of priority (1 = highest priority)

     1 hour [   ]

     3 hour [   ]

     4 hour [   ]

     6 hour [   ]

     12 hour [   ]

     Other (please explain) [   ]

     _____

     _____

     _____

     _____

If one hour is selected, please supply a justification relating to your
program needs:

_____

_____

_____

4.   Anticipated data delivery method:

      Check one:

      DOMSAT: [   ]

      Dial-in to Wallops CDA, baud rate: [   ]
         (300, 1200, 2400, 9600, 14.4)

      Direct Readout Ground System (DRGS):   [   ]

      Dedicated Circuit: [   ]

      Commercial Service (specify which one):   [   ]

      _____

      Other (please explain):   [   ]

      _____

      _____

5.   Are you aware of commercial services which provide environmental data
      collection (such as Inmarsat, etc.)?

      Yes [   ]

      No [   ]

      If yes, please explain why the commercial service cannot meet your program
      needs, in terms of capacity, speed and reliability (cost is not a valid
      consideration). For more information, refer to the Federal Regulations
      regarding use of GOES DCS.

      _____

      _____

      _____

      _____

NOTE: Failure to answer this question means that you are not aware of the availability of
commercial services for environmental data collection.